



CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.10

APPLICANT: Vivian A. Wright
TITLE: TRACHEOSTOMY NEBULIZING PAD
SERIAL NO. 10/674,655
ATTORNEY REF: 127000.301
DATE OF DEPOSIT: December 19, 2003

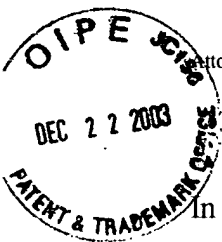
I HEREBY CERTIFY THAT THIS INFORMATION DISCLOSURE STATEMENT TOGETHER WITH THE DOCUMENTS CITED THEREIN IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE VIA FIRST CLASS MAIL UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO COMMISSIONER FOR PATENTS, MAIL STOP DD, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450.

Jennifer Martinez

(Typed or printed name of person mailing paper or fee)

Documents Enclosed:

1. Information Disclosure Statement;
2. Certificate of Mailing;
3. Postcard



Attorney Docket No. 127000.301

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

VIVIAN A. WRIGHT

Serial No. 10/674,655

Filed: September 29, 2003

For: TRACHEOSTOMY NEBULIZING PAD

:
:
:
:
: Group Art Unit: Not yet assigned
:
: Examiner: Not yet assigned

INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 20231-1450

Sir:

In accordance with the provisions of 37 C.F.R. 1.56, 1.97 and 1.98, the attention of the Patent and Trademark Office is hereby directed to the documents listed on the attached form PTO-1449. It is respectfully requested that the documents be expressly considered and that the documents be made of record therein and appear among the "References Cited" on any patent to issue therefrom.

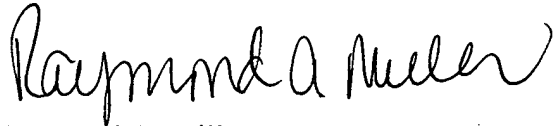
It is respectfully requested that the references be expressly considered during the prosecution of this application, and that the references be made of record therein and appear among the "References Cited" on any patent to issue therefrom.

AUTHORIZATION

No fee is required. The Commissioner is hereby authorized to charge any additional fees which may be required for this submission, or credit any overpayment to deposit account no. 50-0436.

Respectfully submitted,

PEPPER HAMILTON LLP

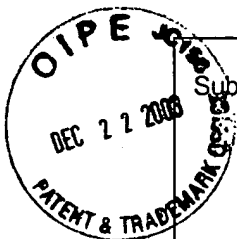
A handwritten signature in black ink, appearing to read "Raymond A. Miller". The signature is fluid and cursive, with the first name being the most prominent.

Raymond A. Miller

Registration No. 42,891

Pepper Hamilton LLP
500 Grant Street, 50th Floor
Pittsburgh, PA 15219
Telephone: (412) 454-5000
Facsimile: (412) 281-0717
Date: December 18, 2003

Please type a plus sign (+) inside this box [+]



Substitute for form 1449/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Complete if Known

Application Number	10/674,655
Filing Date	September 29, 2003
First Named Inventor	Wright
Group Art Unit	Not yet assigned
Examiner Name	Not yet assigned
Attorney Docket Number	127000.301

Sheet 1 of 1

U.S. PATENT DOCUMENTS

Examiner's Initials	Cite No.	U.S. Patent Document		Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
		Number	Kind Code (if known)				
		4,589,876		Tilburg	05-20-1986		
		5,374,260		Lemay et al.	12-20-1994		

FOREIGN PATENT DOCUMENTS

Examiner's Initials	Cite No.	Foreign Patent Document			Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear			T
		Office	Number	Kind Code (if known)						

OTHER ART (Including Author, Title, Date, Pertinent Pages, Etc.)

Examiner's Initials	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or county where published.	T

Examiner Signature	Date Considered
-----------------------	-----------------

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.